P R Y D E

Pepperdine Resource, Youth Diversion, and Education
Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

DISCLOSURE OF LIMITS OF CONFIDENTIALITY

I understand that all information, regarding the client named below, which may be revealed during counseling, diversion, and/or educational services at Pepperdine Resource, Youth Diversion, and Education (PRYDE), is to be held confidential, and no information will be shared without written permission. Although parents and guardians have, by law, access to medical and psychological records, this does not include information provided by the client during intake or counseling progress notes which might be deemed detrimental upon their disclosure. In this case only treatment summary information will be provided. Further, PRYDE personnel will not disclose criminal reports or other documentation generated by the Orange County Sheriff's Department regarding this case to anyone outside of PRYDE.

I also understand that PRYDE Diversion Specialists, as part of their clinical training, are supervised by a licensed clinical psychologist and will consult with their supervisor on a regular basis regarding evaluation, counseling and disposition of the client named below. PRYDE staff members conducting intake assessments and/or counseling may disclose information to other PRYDE personnel for training purposes or when deemed in the best interest of the child.

CONFIDENTIALITY WILL NOT BE MAINTAINED UNDER THE FOLLOWING CONDITIONS:

A. If the person served by the agency threatens or discloses suicidal intent or other physical harm to self, PRYDE staff will report this situation to the appropriate family members and authorities.

B. If the person served by the agency threatens homicide or other physical harm to another person, PRYDE staff will warn intended victims, appropriate family members of intended victims and the appropriate authorities. If PRYDE staff members become aware of past incidents of physical harm to another, including homicide, the information will be given to the appropriate authorities.

C. If a PRYDE staff member reasonably suspects, has knowledge of or observes that a child / youth has been a victim of child abuse, the information will be provided to the appropriate authorities.

D. If the original referral source requests and/or requires a status report and/or counseling services summary. In addition, if the Program Director and/or Diversion Specialist feel it is in the best interest of the client to communicate directly with the referring individual and/or referring agency.

E. Upon receipt of a valid court order requiring the release of such information.

I have read this statement and understand the contents and ramifications, which have also been fully explained by the PRYDE Diversion Specialist named below. I agree to these limits of confidentiality and will not hold PRYDE or any PRYDE staff member liable for breach of confidentiality under the conditions stated above.

Client Signature: ______________________________ Date: ______________

Parent/Guardian Signature: ______________________________ Date: ______________

Diversion Specialist Signature: ______________________________ Date: ______________

P R Y D E

Pepperdine Resource, Youth Diversion, and Education

Located at the Orange County Sheriff-Coroner Department in Lake Forest

20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

ORANGE COUNTY SHERIFF DEPARTMENT VIDEO MONITORS AND SECURITY REGULATIONS

I have been informed that the Orange County Sheriff's Department in Lake Forest is equipped with video monitors in the investigative interview rooms. These monitors will not be used to record PRYDE intakes or counseling sessions. The monitors are kept on at all times. Only Sheriff and PRYDE personnel have access to view the images on the monitors.

Additionally, for the integrity and security of the Orange County Sheriff's Department and its personnel we ask that you remain in the interview room until either your diversion specialist or any other authorized Sheriff's Department personnel advise you otherwise. Shall you need to leave the room for any reason, please call our main line and one of our counselors will escort you to the lobby.

PRYDE: 949-206-8600

: ______________________________________ : ______________

Signature of Client Date

: ____________________________ : ____________ : ______________

Signature of Parent/Guardian Relationship to Child Date

: ____________________________ : ____________ : ______________

Signature of Parent/Guardian Relationship to Child Date

: ______________________________________ : ______________

Signature of Diversion Specialist Date

P R Y D E

Pepperdine Resource, Youth Diversion, and Education

Located at the Orange County Sheriff-Coroner Department in Lake Forest

20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

Treatment and Evaluation of Minors

As an un-emancipated minor (under the age of 18) you can consent to services subject to the involvement of your parents or guardians.

- If you are 12 years of age or older you can consent to services if you are mature enough to participate in services and you present a serious danger to yourself and/or others or you are the alleged victim of child physical and/or sexual abuse. In some circumstances, you may consent to alcohol and drug treatment.
- Your parents or guardians may, by law, have access to your records, unless it is determined by the child's therapist that such access would have a detrimental effect on the therapist's professional relationship with the minor or if it jeopardizes the minor's physical and/or psychological wellbeing. This does not include any records from the Orange County Sheriff's Department or Law Enforcement Personnel.
- For minors over the age of 12, parents or guardians will be provided with general information about treatment progress (e.g. attendance) and they will be notified if there is any concern that the minor is dangerous to himself and/or others. Any other communication will require the minor's authorization.
- All disclosures to parents or guardians will be discussed with the minors in advance.

I have read this statement and understand the contents and ramifications, which have also been fully explained by the PRYDE Diversion Counselor named below.

Client Signature: ____ Date: ______________

Parent/Guardian Signature: ______________________________________ Date: ______________

Parent/Guardian Signature: ______________________________________ Date: ______________

P R Y D E

Pepperdine Resource, Youth Diversion, and Education
Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

HIPAA Acknowledgement

I acknowledge that I have received the Notice of Privacy Practices of the PRYDE program.

Client Signature *(if over 14 years old)* :___________________________________ Date :________________________

Parent/Guardian Signature :____ Date :________________________

Parent/Guardian Signature:____ Date :________________________

P R Y D E

Pepperdine Resource, Youth Diversion, and Education
Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

CONSENT TO COMMUNICATE VIA EMAIL

Name of Client:____Date of Birth:__________________

Final HIPAA security rules (2003) permit the transmission of Protected Health Information (PHI) by email, telephone or other insecure means but require covered entities to perform a "risk analysis" of the suitability of such transmission based on the risk to inadvertent disclosure within the public Email, Internet or telephone network. While Pepperdine University and PRYDE are not covered entities, our policy requires the patient or legal guardian consent to communication via EMAIL means before such transmission will be allowed. Emails are communicated through the public network via a number of server computers located in the path of the destination. One server sends it to another and another until it reaches the destination server. The path is not fixed and will likely change even between subsequent transmissions. At each node it is possible that someone with ill intent could capture the data passing by and use this data for their own purposes. It is not possible to know if such data capture has occurred. Although this is technically possible, the risk and potential damages of such data interception is very small. This is because no assessment, diagnosis, treatment or financial information will be sent via email. By signing below, client and legal guardians agree they will not include such information in communication to PRYDE. Communication via Email is typically limited to appointment reminders, case status notices and requests for information or to obtain certain standard documents.

If data were to be captured and the patient was to be identified, we see little potential for damage to the patient or their families as the data does not imply any illness, mental or physical. If properly used, it will not disclose any privacy information. However, we request that patients and their caregivers carefully assess the risk of such harm before signing below.

Consent
I hereby authorize PRYDE to communicate regarding this case with the client, parents and legal guardians through Email using Email addresses provided to PRYDE. These Email addresses are used for no other purpose and will never be provided to a third party for any use unless required by law. This consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance hereon, and if not earlier revoked, it shall terminate on the date that subscription to this program is formally ended. Should information disclosed under this consent be disclosed to others by the recipient, it is no longer considered protected health information covered under this consent.

Client Signature:____ Date:___________

Email Address:____

Parent/Guardian Signature:__________________________________ Date:___________

Email Address:____

Parent/Guardian Signature:__________________________________ Date:___________

Email Address:____

P R Y D E

Pepperdine Resource, Youth Diversion, and Education

Located at the Orange County Sheriff-Coroner Department in Lake Forest

20202 Windrow Dr. ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

CONSENT TO PARTICIPATE IN TELEHEALTH SERVICES

Name of Client:____Date of Birth:_________________

Telehealth telephone and videoconferencing services are an alternative to face-to-face meetings for intakes, counseling, classes, groups and other meetings. While these meetings are more convenient than in-person meetings, they do present certain risks to privacy and confidentiality. Further, the technology used may subject the meeting to interruptions and technical difficulties. While the technologies used by PRYDE meet the necessary regulatory standards for privacy and security, there is always a potential risk of a third party intercepting data used for this communication. Although the technology used for telehealth may allow audio/video recording, no sessions/meetings will be recorded without prior permission.

Additional risks of using telehealth services can arise when inadequate privacy is provided at either the originating (Diversion Specialist/Counselor) or remote (Client) site. PRYDE Diversion Specialists will be located in a private location for the duration of all telehealth sessions. The client must also be located in a private space that allows the client to speak comfortably about personal and private matters. It must also be free from distractions (including cell phone or other devices) during sessions.

I, the undersigned parent(s) or guardian of :____, consent for myself/ourselves and my child to participate in telehealth services provided by the Pepperdine Resource, Youth Diversion, and Education (PRYDE) program. I fully understand the risk and benefits of telehealth services. I understand that this consent is not a requirement for participation in the PRYDE program and that I can elect to withdraw my consent at any time.

Client Signature *(if over 14 years old)*:______________________________________ Date:________________________

Parent/Guardian Signature:____ Date:________________________

Parent/Guardian Signature:____ Date:________________________

P R Y D E

Pepperdine Resource, Youth Diversion, and Education
Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

PARENT INTAKE QUESTIONNAIRE

Name of Parent/Guardian filling out this form:_______________________________Date:____________

Name of Child's Mother:_______________________________________DOB:____________

Name of Child's Father:_______________________________________DOB:____________

Name of Step Parent/s or Guardian.:_______________________________DOB:____________

:_______________________________DOB:____________

Who does child live with? *(mother & father; mother only, aunt, etc.)*:_______________________

Address of child's mother:____

Phone:____________________ Cell/Work Phone:____________________________

Occupation:__________________ E-mail:______________________________

Address of child's father:____

Phone:____________________ Cell/Work Phone:____________________________

Occupation:__________________ E-mail:______________________________

Parent/Guardian's Relationship Status: ***(Please check the one that best applies)***

- ❑ Single
- ❑ Married — For how long?:____________
- ❑ Separated — For how long?:____________
- ❑ Divorced — For how long?:____________
- ❑ Committed Relationship — For how long?:____________
- ❑ Widowed — For how long?:____________

Children:

Name	**Age**	**M/F**	**Bio/Step/Half**	**Resides with Who?** ***(w/ mother, father, on own?)***
:	:	:	:	:
:	:	:	:	:
:	:	:	:	:
:	:	:	:	:
:	:	:	:	:
:	:	:	:	:

Are any of the children adopted *(circle)*? YES NO

If yes, who and when?:____

Is there currently any legal and/or physical custody established by a court of law? *(circle)* YES NO

If yes, please explain:____

Have either you or your child had any counseling experience or therapy prior to this incident *(circle)*? YES NO If yes, please explain:____

Does anyone in your family have a history of drug or alcohol abuse or addiction *(circle)*? YES NO

If yes, please explain: ____________________

Does anyone in your family have a history of psychological problems *(circle)*? YES NO

If yes, please explain: ____________________

Does anyone in your family have a history of medical problems *(circle)*? YES NO

If yes, please explain: ____________________

Has the referred child ever been contacted by law enforcement prior to this incident, or is your child on probation *(circle)*?
YES NO If yes, please explain: ____________________

Has your child had a physical in the last year (*circle*)? YES NO

Is your child currently involved in a romantic relationship (*circle)*? YES NO

If yes, how long? ____________________

School Subjects:

Name of subjects/classes that your child is attending or most recently attended	Most Recent Report Card Grade (A,B,C etc.)
:	:
:	:
:	:
:	:
:	:
:	:

Does your child have any difficulties in school? Explain: ____________________
: ____________________

Does your child participate in any extracurricular activities? (i.e., sports, clubs,etc) YES NO

If yes, explain: ____________________

Does your child….. *(answer to the best of your knowledge)*		**Never**	**Sometimes**	**Frequently**
A. Attend Raves, house parties, and/or concerts?	A.	☐	:☐	☐
B. Hang out with tagging crews?	B.	:☐	:☐	☐
C. Have unexcused absences from school?	C.	:☐	:☐	:☐
D. Get into fights?	D.	:☐	☐	:☐
E. Have friends of whom you disapprove?	E.	:☐	:☐	:☐
F. Have problems sleeping?	F.	:☐	:☐	:☐
G. Have problems with authority?	G.	:☐	:☐	:☐
H. Have angry outbursts?	H.	☐	☐	:☐
I. Play computer and/or video games to excess?	I.	:☐	:☐	:☐
J. Have physical/health problems?	J.	:☐	:☐	:☐
K. Have difficulties with memory or concentration?	K.	:☐	:☐	:☐
L. Drink alcohol?	L.	:☐	:☐	:☐
M. Use drugs?	M.	:☐	:☐	:☐
N. Bed wet?	N.	:☐	:☐	:☐
O. Play with fire or fire starting tools?	O.	:☐	:☐	:☐

Has your child experienced…..*(answer to the best of your knowledge)*		**No**	**Yes**	**If yes, date of occurrence:**
P. A recent change in friends or peer group?	P.	:☐	:☐	:
Q. Death in the family or a close friend?	Q.	:☐	:☐	:
R. Violence in the home?	R.	:☐	:☐	:
S. Being homeless?	S.	:☐	:☐	:
T. Being hospitalized?	T.	:☐	:☐	:
U. Depression or anxiety?	U.	:☐	:☐	:
V. Thoughts of hurting themselves?	V.	:☐	:☐	:
W. Thoughts of Suicide?	W.	:☐	:☐	:
X. Thoughts of Homicide?	X.	:☐	:☐	:
Y. Being separated from family members for long periods of time?	Y.	:☐	:☐	:
Z. Any type of child abuse?	Z.	:☐	:☐	:
AA. Judgement/Impulse control difficulties?	AA.	:☐	:☐	:
BB. Periods of confusion or disorientation?	BB.	:☐	:☐	:
CC. Have you noticed a significant change in eating habits in your child?	CC.	:☐	:☐	:
DD. Have you noticed a significant weight loss or gain in your child?	DD.	:☐	:☐	:
EE. Has your child ever intentionally started a fire that caused damage?	EE.	:☐	:☐	:
FF. Does your child have access to a weapon (i.e. guns)?	FF.	:☐	:☐	:
GG. Have you noticed your child withdrawing or avoiding family and friends?	GG.	:☐	:☐	:

To your knowledge, does your child belong to a gang? YES NO If yes, please explain affiliation: ____________
: ____

If you checked yes indicating your child has been hospitalized, please explain: ____________________
: ____

Is your child currently taking any prescribed or non-prescribed medication *(circle one)*? YES NO

If yes, please list medication: ____

Does your child have any learning or other disabilities *(circle one)*? YES NO

If yes, please explain: ____
: ____

How would you describe your relationship with your child *(check all that apply)*?

- :❑ We are very close
- ❑ We are somewhat close
- :❑ We do things together
- :❑ My child feels safe telling me things
- :❑ My child is aware of my expectations
- :❑ My child thinks my rules are fair
- :❑ We are distant
- :❑ We have no relationship
- :❑ My child is afraid of me
- :❑ My child feels he/she must be independent of me

What do you consider some of your child's strengths? :

:

:

:

:

:

:

Please provide any further information about your child or family that may be helpful *(please use the back of this form for additional space)* :

:

:

:

:

:

:

:

:

How do you feel we can be of most help to your child? :

:

:

:

:

:

:

:

:

Signature of Parent/Legal Guardian Relationship to child Date

:

Signature of Parent/Legal Guardian Relationship to child Date

P R Y D E

Pepperdine Resource, Youth Diversion, and Education
Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

MEDICATION INFORMATION SHEET

Participant Name:____**Case#** :______________

Medication:	:	:	:
Dosage:	:	:	:
Frequency Taken:	:	:	:
Administered by:	:	:	:
When Started:	:	:	:
Reason for Medication:	:	:	:
Doctor:	:	:	:
Location of Practice:	:	:	:

:____ :_______________
Signature of Diversion Specialist Date

P R Y D E

Pepperdine Resource, Youth Diversion, and Education
Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

QUARTERLY REPORT STATISTIC INQUIRY

Though the information obtained from this questionnaire will be used to provide required statistics, the identity of the minor and his/her family remains confidential.

1. Household Size *(how many people live in the house where the minor resides?)*: ____________________
2. Single Parent Household? *(please circle)*: YES NO
3. Yearly Income *(how much money was earned last year?)*:

_____ $10, 000 or below	_____ $40, 001-$50,000	_____ $80, 001-$90,000
_____ $10, 001 -20,000	_____ $50, 001-$60,000	_____ $90, 001-$100,000
_____ $20, 001 - $30,000	_____ $60, 001-$70,000	_____ $100, 001-$110,000
_____ $30, 001-$40,000	_____ $70, 001-$80,000	_____ $110, 001+

4. Ethnicity:

__________ African-American	__________ Hispanic American
__________ Asian	__________ Native American
__________ Caucasian/White	__________ Other ________________________

5. Do you have Medical/Health insurance? *(please circle)*: YES NO
6. If Yes, what is the name of your Medical/Health insurance provider?

____

This Notice is effective on August 1, 2014

NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICE ("NPP") DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. THIS NPP PROVIDES YOU WITH INFORMATION TO PROTECT THE PRIVACY OF YOUR CONFIDENTIAL HEALTH CARE INFORMATION, HEREAFTER, REFERRED TO AS PROTECTED HEALTH INFORMATION ("PHI"). THE NPP ALSO DESCRIBES THE PRIVACY RIGHTS YOU HAVE AND HOW YOU CAN EXERCISE THOSE RIGHTS. PLEASE REVIEW IT CAREFULLY.

If you have any question about this NPP, please contact Kim Miller, HIPAA Compliance Officer, 24255 Pacific Coast Highway, Malibu, CA 90263, 310.506.4208.

OUR COMMITMENT REGARDING YOUR PHI:

Pepperdine University is committed to maintaining and protecting the confidentiality of your PHI. This NPP applies to Pepperdine University (Athletics, Boone Center for the Family, Counseling Center, Disability Services Office, Graduate School of Education and Psychology (PRYDE, Union Rescue Mission, Clinics), Human Resources, and Student Health Center) ("Departments"). Pepperdine University is required by federal and state law, including the Health Insurance Portability and Accountability Act ("HIPAA"), to protect your PHI and other personal information. We are required to provide you with this NPP about our policies, safeguards, and practices. When Pepperdine University uses or discloses your PHI, Pepperdine University is bound by the terms of this NPP, or the revised NPP, if applicable.

OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of PHI (with certain exceptions)
- Give you this notice of our legal duties and privacy practices regarding health information about you
- Follow the terms of our NPP that is currently in effect

HOW WE MAY USE AND DISCLOSE PHI:

The following describes the ways we may use and disclose PHI. Except for the purposes described below, we will use and disclose PHI only with your written permission. You may revoke such permission at any time by writing to Pepperdine University's Compliance Officer.

For Treatment. We may use and disclose PHI for your treatment and to provide you with treatment-related health care services. For example, we may disclose PHI to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.

For Payment. We may use and disclose PHI so that we or others may bill and receive payment from you, an insurance company or a third party for the treatment and services you received. For example, we may tell your insurance company about a treatment you are going to receive to determine whether your insurance company will cover the treatment.

For Health Care Operations. We may use and disclose PHI for health care operations purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care and to operate and manage our office. For example, we may share information with doctors, residents, nurses, technicians, clerks, and other personnel for quality assurance and educational purposes. We also may share information with other entities that have a relationship with you (for example, your insurance company and anyone other than yourself who pays for your services) for their health care operation activities.

Appointment Reminders, Treatment Alternatives, and Health Related Benefits and Services. We may use and disclose PHI to contact you to remind you that you have an appointment with us. We also may use and disclose PHI to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, we may share PHI with a person who is involved in your medical care or payment for your care, such as your family or a close friend. We also may notify your family about your location or general condition or disclose such information to an entity (such as the Red Cross) assisting in a disaster relief effort.

Research. Under certain circumstances, we may use and disclose PHI for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. We will generally ask for your written authorization before using your PHI or sharing it with others to conduct research. Under limited circumstances, we may use and disclose PHI for research purposes without your permission. Before we use or disclose PHI for research without your permission, the project will go through a special approval process to ensure that research conducted poses minimal risk to your privacy. Your information will be de-identified. Researchers may contact you to see if you are interested in or eligible to participate in a study.

SPECIAL SITUATIONS:
As Required by Law. We will disclose PHI when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI when necessary to prevent a serious threat to your health and safety or the health and safety of others. Disclosures, however, will be made only to someone who may be able to help prevent or respond to the threat, such as law enforcement or a potential victim. For example, we may need to disclose information to law enforcement when a patient reveals participation in a violent crime.

Business Associates. We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, we may use or release PHI to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation or organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.
Military and Veterans. If you are a member of the armed forces, we may release PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.

Workers' Compensation. We may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose PHI for public health risks or certain occurrences. These risks and occurrences generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child, elder or dependent adult abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence (we will only make this disclosure when required or authorized by law).

Health Oversight Activities. We may disclose PHI to a health oversight agency, such as the California Department of Health and Human Services or Center for Medicare and Medical Services, for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Data Breach Notification Purposes. We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of PHI.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to allow you to obtain an order protecting the information requested.

Law Enforcement. We may release PHI if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release PHI to funeral directors as necessary for their duties.

National Security and Intelligence Activities. We may release PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official. This release would be necessary if: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT/OPT OUT:

Individuals Involved in Your Care or Payment for Your Care. Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

Disaster Relief. We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Fundraising. We may notify you about fundraising events that support Pepperdine University.

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES:

The following uses and disclosures of your PHI will be made only with your written authorization:

1. Uses and disclosures of PHI for marketing purposes;
2. Disclosures that constitute a sale of your PHI; and
3. Disclosures of psychotherapy notes.

Other uses and disclosures of PHI not covered by this NPP or the laws that apply to us will be made only with your written authorization. If you do give us authorization, you may revoke it at any time by submitting a written revocation to our Compliance Officer and we will no longer disclose PHI under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

YOUR RIGHTS REGARDING YOUR PHI:

Right to Inspect and Copy. You have a right to inspect and copy PHI that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy your PHI, you must make your request, in writing, to the Department in which your care was provided. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request in certain limited circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to Get Notice of a Breach. Pepperdine University is committed to safeguarding your PHI. If a breach of your PHI occurs, we will notify you in accordance with state and federal law.

Right to Amend, Correct or Add an Addendum. If you feel that the PHI we have is incorrect, incomplete, or you wish to add an addendum to your records, you have the right to make such request for as long as the information is kept by or for our office. You must make your request in writing to the Department in which your care was provided. In the case of claims that the information is incorrect, incomplete, or if the record was not created by Pepperdine University, we may deny your request. However, if we deny any part of your request, we will provide you with a written explanation of the reasons for doing so within 60 days of your request.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures we made of PHI for purposes other than treatment, payment, health care operations, certain other purposes

consistent with law, or for which you provided written authorization. To request an accounting of disclosure, you must make your request, in writing, to the Department in which your care was provided. You may request an accounting of disclosures for up to the previous six years of services provided before the date of your request. If more than one request is made during a 12 month period, Pepperdine University may charge a cost based fee.

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on the PHI we disclose to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to the Department in which your care was provided. We are not required to agree to your request unless you are asking us to restrict the use and disclosure of your PHI to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid us out-of-pocket in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment or to comply with law. If we do not agree, we will provide an explanation in writing.

Out-of-Pocket-Payments. If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to the Department in which your care was provided. Your request must specify how or where you wish to be contacted. We will accommodate reasonable requests.

Right to Choose Someone to Act for You. If you give someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We will use our best efforts to verify that person has authority to act for you before we take any action.

Right to a Paper Copy of This NPP. You have the right to a paper copy of this NPP. You may ask us to give you a copy of this NPP at any time. Even if you have agreed to receive this NPP electronically, you are still entitled to a paper copy of this NPP. You may obtain a copy of this NPP on our web site at, http://www.pepperdine.edu/provost/content/policies/hipaa_manual_5_2012.pdf. To obtain a paper copy of this NPP, contact the Department in which your care was provided.

CHANGES TO THIS NPP:

We reserve the right to change this NPP and make the new NPP apply to PHI we already have as well as any information we receive in the future. We will post a copy of our current NPP at our office. The NPP will contain the effective date on the first page, in the top right-hand corner. You will be sent information regarding the changes via e-mail or via mail on how you can obtain a new copy. You will be asked to sign off on the new Notice of Privacy Practices at your next scheduled appointment.

The current copy may be obtained at Pepperdine University's website at:
http://www.pepperdine.edu/provost/content/policies/hipaa_manual_5_2012.pdf.

COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint with Kim Miller, HIPAA Compliance Officer, 24255 Pacific Coast Highway, Malibu, CA 90263, 310.506.4208. All complaints must be made in writing. You may also contact the Secretary of the Department of Health and Human Services or Director, Office of Civil Rights of the U.S. Department of Health and Human Services. Please contact our Compliance Officer if you need assistance locating current contact information. You will not be penalized or retaliated against for filing a complaint.

P R Y D E

Pepperdine Resource, Youth Diversion, and Education
Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

PROGRAM REQUIREMENTS & SERVICE CONTRACT

Participant Name : ______________________________ **Case #** : ______________

Program Requirements

☑ I agree to cooperate with my Diversion Specialist and I will not re-offend while in this program. I understand that my case will be automatically terminated as unsuccessful if I re-offend.

☑ **Your Deadline for all requirements is** : ________ ________________ (__________)

Date Completed or Received:

:❑ _____Counseling: PRYDE : ______________ Outside : __________ : ____________

:❑ _____Legal Awareness Program : ______________________________ : ____________

:❑ _____Drug / Alcohol/ Tobacco Education : ______________________ : ____________

:❑ _____Substance Abuse Assessment : ___________________________ : ____________

:❑ _____Drug Testing : ______________________________________ : ____________

:❑ _____Community Service: Hrs_________________________________ : ____________

:❑ _____Restitution: Amount $: __________ Due by : ______________ : ____________

:❑ _____Psychiatric Evaluation : _______________________________ : ____________

:❑ _____Assignment : _______________________________________ : ____________

:❑ _____Assignment : _______________________________________ : ____________

:❑ _____Assignment : _______________________________________ : ____________

:❑ _____Other : ____ : ____________

These services have been fully explained to me and I understand that, in order to successfully complete this program, I am to fulfill **all** program requirements by the deadline date. Once I complete all my requirements, my case will be closed as successful and formal action will not be pursued. Deadline extensions are given only for emergency circumstances and must be approved by the Administrative Case Manager. By signing below, I indicate that I have read and understand the above statement.

: ______________________________________ : ____________
Signature of Client Date

: ______________________________________ : ____________
Signature of Parent/Guardian Date

: ______________________________________ : ____________
Signature of Diversion Specialist Date

P R Y D E

Pepperdine Resource, Youth Diversion, and Education
Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

CONSENT TO RELEASE FOR PRYDE REQUIREMENTS

Name of Client:____Case Number:__________________

I hereby authorize PRYDE to contact organizations that I have been assigned to and that are on my program requirements form. I authorize the exchange of information regarding my conduct, attendance, completion or lack thereof and any other information that may be relevant for the closure of my PRYDE case.

Client Signature:_______________________________________ Date:______________________

Parent/Guardian Signature:_______________________________________ Date:______________________

Parent/Guardian Signature:_______________________________________ Date:______________________

PRYDE

Pepperdine Resource, Youth Diversion, and Education
Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

CONSENT FOR SERVICES

I/we, the undersigned parent or guardian of, ______________________________. consent to services that may be rendered by Pepperdine Resource, Youth Diversion, and Education (PRYDE). I understand that this is a voluntary program and I/we can withdraw my/our child from the program at anytime. I further understand that per our requirements discussion with the PRYDE Diversion Specialist, program completion should occur on or prior to: ____________________(________). I also understand that should I/we withdraw my/our child from the program, my/our child's case will be returned to the referring agency for further action.

____ ____________________
Signature of Client Date

____ ____________________
Signature of Parent/Guardian Relationship to Child Date

____ ____________________
Signature of Parent/Guardian Relationship to Child Date

____ ____________________
Signature of Diversion Specialist Date

P R Y D E

Pepperdine Resource, Youth Diversion, and Education
Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

COUNSELING SERVICES AGREEMENT

I understand that my participation in the no-cost counseling services provided by Pepperdine Resource, Youth Diversion, and Education (PRYDE) is voluntary, is a privilege and I agree to the following terms:

1. I agree to arrive to my counseling appointments promptly and at the time accorded.
2. I agree to provide my counselor with at least **24-hour notice** in the event that I am unable to attend or must reschedule a counseling session.
3. I agree that if I miss more than one appointment without suitable notice that my case may be closed automatically as **unsuccessful**.
4. I agree that excess rescheduling of appointments may result in the loss of the privilege of receiving counseling services through PRYDE and I would be responsible for finding and paying all costs for outside counseling services in order to complete PRYDE requirements.

I agree to attend ______ counseling sessions, at which time my counselor will assess future counseling needs. I have until ______________________ to complete these sessions.

_______________________________________ _______________

Client Signature **Date**

_______________________________________ _______________

Parent Signature **Date**

_______________________________________ _______________

Parent Signature **Date**

P R Y D E

Pepperdine Resource, Youth Diversion, and Education
Located at the Orange County Sheriff-Coroner Department in Lake Forest
20202 Windrow Drive ♦ Lake Forest ♦ California ♦ 92630 ♦ Phone: 949.206.8600

Unfavorable Participation

Case Number: ____________________

For those with criminal charges pending, failure to complete the PRYDE program can have serious consequences – going to court, paying court fees, fines, probation and more. For those with school sanctions, failure may result in not being able to return to your school or district. **While participants pay nothing for direct services such as counseling or classes we provide, we expect that participants and parents/guardians be respectful of the time and services provided by PRYDE staff.** Missed appointments, last minute rescheduling, failure to attend or pass PRYDE assigned classes and failure to complete or pass requested drug testing are just a few of the problems that result in extra case management work for our staff and delays in closing cases.

As a result we have assigned a point values to each of these problems and if a case accumulates too many Unfavorable Participation points, either extra community service will be assigned or the case may be closed altogether. These points can be assessed on participants and/or parents/guardians.

Problem	Points
No-show to appointments and counseling sessions	50
Excess rescheduling appointments or with less than 24 hour notice	25
Missed/failed or no-show to assigned class / program	50
Failed drug test (excess failed tests can result in an unsuccessful case)	10
Not completing a drug test as assigned / scheduled	25
Inappropriate or abusive language/behavior toward PRYDE staff	50
Lying/deception to PRYDE staff	50
Delay in completing requirements necessitating a deadline extension	50

When an individual case reaches 100 points, 10 hours of community service is added. If a case reaches 150 points, an additional 10 hours are added. At 200 points the case will be closed unsuccessfully. You will be notified when these points have been added and/or additional community service has been added. **I understand and agree to these terms:**

: ____ : ______________

Client Date

: ____ : ______________

Parent/Guardian Date

: ____ : ______________

Parent/Guardian Date